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Address 230 Gzeen S Telephone 662-289-	T. P.O. Bos				
Office Sought House of	Rea Din	L 11 0	Fax_ <i>66</i> .		
	7. , 013		olitical Party		
Check here if above is differen	nt from previous	report	mail Address	asonp	wlaw & bellsouth.
May 10, 2011 Periodic Report (Ja	anuary 1, 2011, t	hrough April 30, 2	2011)		Mandaton
June 10, 2011 Periodic Report (A	Aay 1, 2011, thro	ugh May 31, 2011)		Mandatoly
July 8, 2011 Periodic Report (Jun	ie 1, 2011, throu	gh June 30, 2011)			Man determine
July 26, 2011 Pre-Election Repor	t (July 1, 2011, t	hrough July 23, 20)7 1)		Primaridatory
August 16, 2011 Pre-Election Re	port (July 24, 20	11, through Augu	st 13, 2011)	——————————————————————————————————————	Euroff Candidates
October 10, 2011 Periodic Repor	t (July 1, 2011, t	hrough Septembe	er 30, 2011)		Manufacture Only
November 1, 2011 Pre-Election R	l eport (October	1, 2011, through 6	October 29, 2011	1	mandatory
November 22, 2011 Pre-Election	Report (Ortoba	r 20 2011 4	Later Corporation		Mandatory
January 10, 2012 Periodic Report Termination Report (Candidate w Campaign expenditures and has no	ill no longer acc	ent contributions	an an also		,
0 5	V even if no car	IMPORTANT	- 12	coursed to	
Until a Candidate files a Terminati Ann. § 23-15-807 (b) (ii) and (iii).	on Report, annu	al and periodic re	ed contributions	and exper	ditures during this period
Until a Candidate files a Terminati Ann. § 23-15-807 (b) (ii) and (iii).	on Report, annu	all and periodic reports	ed contributions	and exper	ditures during this period
Until a Candidate files a Terminati Ann. § 23-15-807 (b) (fi) and (III). The receiving authority must be in a falls on a weekend or a holiday, the day before the deadline. Faxed rep	on Report, annu- actual receipt of to office must be in ports are accepta	all and periodic reports	ed contributions parts must still b s by 5:00 p.m. on the required repo	and exper e filed in a the reporting the by 5:00	nditures during this period
Until a Candidate files a Terminati Ann. § 23-15-807 (b) (fi) and (iii). The receiving authority must be in a falls on a weekend or a holiday, the day before the deadline. Faxed rep.	on Report, annuational receipt of the office must be in ports are accepta	all and periodic related and periodic related to the required reports actual receipt of the ble.	ed contributions parts must still b s by 5:00 p.m. on the required repo	e filed in a the reporting to by 5:00	ditures during this period
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Until a Candidate files a Terminati Ann. § 23-15-807 (b) (ff) and (iii). The receiving authority must be in a falls on a weekend or a holiday, the day before the deadline. Faxed rep RE	on Report, annuation of the office must be in corts are accepta PORTED CONTI	all and periodic related required reports as security of the s	ports must still be by 5:00 p.m. on the required reports the ports of	and experience filed in a the reporting the by 5:00	nditures during this period coordance with Miss. Code og day. If the deadline o.m. on the first working Calendar Year-To-Date
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Authority: Refer to Miss. Code Ann. §23-16-801 (1972) et. seq. for statutory requirement.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-5-11 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee		n M.	White	
Reporting period October 1, 2	011	through	Dec.31,	20/1
ITE	-MIZ	FD	RECE	IDTO

A. Source: Corporation PAC N Individual Loan Cother (please specify)	Date (Mo., Day, Year	Amount of each receipt this period
David Shelton Mailing Address	- 11 17 1VI	
1602 Founest Hill Dr.		\$
Co/umbus, M5 39701-3529 Name of Employer (Required)		\$
Occupation (Required)		\$
	Aggregate year-to-date	\$ 150.00
B. Source: Corporation PAC individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Miss. Dental PAC	<u></u>	\$ 200,00
P. O. 8 ox /6490 Dity, State, Zip Code		\$
Jackson, M5 39236		\$
Occupation (Required)	Aggregate	\$ 200.00
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ATAT PAC	10/10/11	\$ 300,00
175 E. Capital St.		\$
Sacksen, MS 39201-2135 une of Employer (Required)		\$
cupation (Required)	Aggregate	\$
Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each
Il name		this period
iling Address		\$
y, State, Zip Code		\$
ne of Employer (Required)		
Supation (Required)		